

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730266

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: POLYNESIAN VILLAS CONDOMINIUMS, INC.

## Current Principal Place of Business:

UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

6944 NW 5TH STREET  
PLANTATION, FL 33317 US

## Current Mailing Address:

UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

P. O. BOX 16146  
PLANTATION, FL 33318 US

FEI Number: 59-1654162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED COMMUNITY MGT CORP  
11784 W SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

SCHULKERS, CATHRYN S MRS.  
6944 NW 5TH STREET  
PLANTATION, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHRYN S. SCHULKERS

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SCHULKERS, CATHY  
Address: 6944 NW 5TH ST  
City-St-Zip: PLANTATION, FL 33317

Title: DT ( ) Delete  
Name: CURTIN, MELBA  
Address: 450 NW 70 AVE  
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete  
Name: NORMYLE, SHARON  
Address: 475 NW 68 AVE  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: LOTZ, BARBARA  
Address: 6849 N.W. 4TH CT  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: MEHRINGER, LUCILLE  
Address: 454 NW 70 AVE  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WIGAND, DEBORAH MRS.  
Address: 6816 NW 5 STREET  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MEHRINGER, LUCILLE  
Address: 454 NW 70 AVE  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHRYN S. SCHULKERS

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date